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EAST RIDING
EDUCATION AUTHORITY.

REPORT
OF THE
School Medical Officer
FOR 1925.

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1926.

REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31ST DECEMBER, 1925.

TO THE EDUCATION COMMITTEE.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to present the Eighteenth Annual Report on the Medical Inspection and Treatment of Children attending the Elementary and Secondary Schools within the Area of the East Riding Education Authority.

The groups of children examined in the Elementary Schools are those specified in the Statutory Rules and Orders, 1925, No. 835 of the Board of Education as follows:—

17. The Authority must provide for the medical inspection of all children in Public Elementary Schools as soon as possible in the twelve months following:—

- (a) their first admission to Public Elementary Schools, and
- (b) their attaining the age of eight years, and
- (c) their attaining the age of twelve years.

In addition to those ordinarily examined at the routine examinations, 287 children were examined at the request of the parent, the Head Teacher, or the School Attendance Officer. Twenty-seven of these were candidates for Scholarships and Intending Teachers. 1,816 re-examinations were made.

STAFF.*School Medical Officer.*

ROBERT L. THORNLEY, M.D., D.P.H.

Assistant School Medical Officers.

HELEN MOFFAT, M.B., Ch.B., D.P.H.

EVELYN DAVIDSON, L.M.S.

School Dental Officer.

JAMES HARRIS, L.D.S., R.C.S.

School Nurses.

MISS BIGLEY.

MISS HUNTER.

MISS WARD.

SCHOOL BUILDINGS AND HYGIENE.*Improvements to Playgrounds.*

Barlby Village Council School—Tar Paving and Road Material.

Barmby Marsh Council—Tar Paving, etc.

Bilton Council—Asphalte Paving and Road Material.

Foggathorpe Council—Tar Paving.

Hutton Cranswick Council—New Playgrounds provided for Boys' and Girls' Departments.

Melbourne Council—Asphalte paving and road Material.

Muston C.E.—Improvements to playground by Managers.

North Cave C.E. (G. and I.)—Portion of Playgrounds Tar-Paved by Managers.

Yapham C.E.—Yards re-surfaced and increased in area by Managers.

Sanitary Improvements.

- Bewholme Council—Overflow fixed to Cesspool.
 Bilton Council—Water laid from Hull main to school premises.
 Broomfleet Council—Improved sewage disposal.
 Hutton Cranswick Council—New out-offices erected.
 Wharram C.E.—Privies altered to pan-closets.
 Yapham C.E.—New out-offices and improved drainage.

Heating.

- Cottingham Council Girls'—Alterations to Heating System and new boiler fixed.
 Driffield Council Boys'—Repairs and improvements to Heating System.
 Driffield Council Girls'—New Heating Boiler, alterations to pipe system, and additional heating surface in Assembly Hall.
 Eastrington Council—New Heating Apparatus to Mixed Department.
 Langtoft Council—New Low Pressure Hot Water Heating System.
 Sewerby C.E.—Installation of new Low Pressure Hot Water Heating System.
 Yapham C.E.—Installation of new Low Pressure Hot Water Heating System.

Lighting and Ventilation.

- Driffield Council (Girls')—Improvements to ventilation in Assembly Hall, additional lighting and ventilation to Classroom.
 Preston Council—New Hopper Ventilators formed to existing windows.

Improvements to Existing Buildings.

- East Cottingwith Council—New Floor to Main Room.
 Eastrington Council—New Floor to Main Room.
 Keyingham Council—Portion of Main Room Floor renewed.
 Preston Council—New floors to two Classrooms.

Wallingfen Council—New floors to portions of Main Room and Classrooms.

Easington C.E.—New floor to Main Room.

Halsham C.E.—New floor to Infants' Room.

Hornsea C.E. Mixed—New floor to Two Classrooms.

South Skirlough C.E.—New floor to Main Room.

Yapham C.E.—Enlargement by Managers.

MEDICAL INSPECTION.

The details in connection with this work have been fully described in previous reports. There has been no change in the existing arrangements.

UNCLEANLINESS.

Altogether 406 cases of uncleanness were found in the course of routine medical inspections. In addition the School Nurses reported 1,764 cases during their periodical visits to the Schools, making a total of 2,170 cases. In the previous year the number was 2,253, and in 1923 it was 2,758.

The continued presence of dirty children in the Schools is naturally very disappointing to those who hoped that, when Medical Inspection was introduced into the Schools, with the subsequent appointment of School Nurses, there would be a gradual improvement which would eventually culminate in perfectly clean Schools. This happy state of affairs has not materialised, and it would almost seem that to have a School population showing from 5 to 10 per cent. of dirty children is a condition to be expected. It is well known that even if the children are cleansed by the efforts of the School Nurses, they will become re-infected in their homes.

The root of the trouble lies in the home. A dirty parent does not inculcate cleanly habits in the children. The only hope for the child, therefore, lies in the training in cleanliness it can receive while at School. It is for this reason it is so very necessary that hygiene should be taught in the Schools, and that the interior of the School should be an object lesson in cleanliness and order. All cases of uncleanness, however detected, are entered on special cards, and each case is followed up by the School Nurse.

PROSECUTIONS.

Every effort is made by School Nurses and School Attendance Officers to deal with cases of uncleanness, without resorting to legal proceedings. This is not to save trouble, or to excuse indifferent parents, but because proceedings resulted in a fine often mean that the children have to go short of food in order that the fine may be paid. Despite frequent warnings by the Nurses and Attendance Officers, some parents have to be summoned and during the year four cases were taken to Court. Three of the children were of the same family, and the father was fined 5/- in each case. In the other case, the mother had been previously fined for the same offence, and therefore the Bench inflicted a fine of 15/-.

MINOR AILMENTS.

The School Nurses attend to Minor Ailments so far as possible, but with the large area in which they have to work their visits to the schools and homes are infrequent.

There are no School Clinics with a definite time for attendance within the area of the Education Authority. The largest towns in the County, namely, Beverley and Bridlington, are independent Education Authorities and so have their own Clinics. Ointment for ringworm and other skin diseases is supplied free to parents.

Details of Minor Ailments dealt with by the Nurses will be found in Table IV., Group 1.

TONSILS AND ADENOIDS.

599 cases of defects of the nose and throat, which includes the presence of enlarged tonsils, with or without the presence of adenoids, were referred for treatment. Of this number 204 cases had been attended to before the close of the year. The majority of the children operated upon were treated at the expense of the Education Authority. With few exceptions the parents are anxious to have their children attended to, but state that they are unable to afford the cost.

There is no scale of charges based on income, but the financial circumstances of each applicant is reviewed by the School Medical Officer, who decides whether the whole cost shall be paid by the Authority or whether the parent shall be asked to pay the whole or part of the travelling expenses.

109 children were sent for treatment as compared with 78 in 1924. Of this number no less than 66 were treated at the Victoria Hospital for Children, Hull. The names of any children needing operative treatment are submitted to the Hospital Authorities, who send for them as required. A child is detained in the Hospital for the night, or longer if considered necessary. No alterations have been made in the arrangements with the Hospitals in York, Scarborough, Bridlington, Malton and Selby.

The total cost of the treatment of the 109 children by the Education Authority was £107 11s. 0d., or an average of 19/8 per case.

TUBERCULOSIS.

Only 10 cases of suspected pulmonary tuberculosis and none of actual pulmonary disease were discovered at medical inspections during the year. Thirty-six children were, however, put forward for re-examination owing to suspicious symptoms.

All cases of suspected tuberculosis are urged to enter the Children's Open Air School at the Raywell Sanatorium. The parents of delicate and debilitated children are also written to, and the offer of admission to the School is made. During the year 46 children were admitted to Sanatoria for an average stay of 3 months. Some of the more urgent cases fail to gain admission owing to the refusal of the parents to give their consent. Why the consent is withheld it is not very easy to see, for no charge is made in necessitous cases, nor are the parents asked to pay the travelling expenses.

All child contacts of notified cases of pulmonary tuberculosis are specially examined at the next visit of the School Medical Inspector to the School. During the year 69 boys and 87 girls were examined with negative results, although a number of the children were put forward for further examination.

SKIN DISEASES.

The total number of cases recorded by the School Medical Inspectors and the School Nurses was 723. Nearly all the cases are included under the headings of Ringworm, Impetigo and Scabies.

The cases are followed up by the School Nurses and treated, if not under medical care. Printed cards of instruction for the treatment of Ringworm and Scabies are given to parents where necessary, and ointment is provided free.

The treatment of ringworm is not satisfactory. The parents are careless about the ointment treatment necessary, and object to cutting the hair. No X Ray treatment is available at any institution. Absence from school is, however, not insisted upon if the infected part is adequately covered.

The number of cases of Scabies reported, namely, 38, is very satisfactory when contrasted with the figures of 91 and 64 in 1923 and 1924 respectively.

EXTERNAL EYE DISEASE.

24 cases of external eye disease were found during the medical inspections, and 128 were discovered by the School Nurses. The principal defects were conjunctivitis and inflammation of the eyelids, the latter probably due to an error of refraction.

VISION.

Inclusive of cases of squint, 281 cases of defective eyesight were referred for treatment compared with 204 in the previous year. So long as the sight in one eye is normal the presence of a slight defect in the other is not sufficient ground to insist on a child being taken for treatment to an Ophthalmic Surgeon. All defects are, however, given full and careful consideration by the Medical Inspector, and any representation of the Teacher carefully considered before it is decided not to insist on treatment. This course is now adopted in preference to sending all children for treatment no matter how slight the visual defect may be.

The sending of numbers of children to Specialists, which includes the payment of the travelling expenses of the child and parent and the provision of glasses where necessary, is costly, and we learn that in a number of cases the glasses prescribed are not worn. 117 children of necessitous parents were sent for treatment by the Education Authority, and glasses were provided, free of charge, for 82. The total cost was £105 14s. 6d., which gives an average of 18/1. The arrangements for the treatment of the children are

similar to those in former years. Every endeavour is made to prevent the purchase of glasses by parents without a proper prescription by an Ophthalmic Surgeon.

EAR DISEASE AND HEARING.

Twenty-one cases of ear discharge were reported. Little treatment of this dangerous condition is undertaken, apart from the use of Peroxide of Hydrogen by the School Nurses. Operative interference is seldom sought by the parents, because they cannot be made to look on the defect as other than trivial. Cases of defective hearing due to impacted wax, if not under medical care, are treated by the Nurses.

DENTAL DEFECTS.

This is the sixth year in which dental inspection and treatment has been carried out in the Elementary Schools. Originally only children aged 5, 6 and 7 years were examined, but as each round of the Schools has been completed another age group has been added to those under care. All children from 5 to 12 years of age are now included. The increase in the numbers of children to be dealt with has prevented the Dental Officer completing the circuit of the Schools within the year, and it will sooner or later be necessary to give Mr. Harris some assistance.

The detailed arrangements for carrying out the work are the same as in former years. Suffice it to say that no treatment is undertaken without the consent of the parents. The treatment is carried out in the Schools, and not in Clinics, for the simple reason that the School population is not large enough in any district to justify a Clinic, and because any attempt to bring children from Schools in a District to one Central School for treatment proved a failure. Treatment is not carried out on the same day as inspection. Full details of the work done will be found in Table IV., Group IV. on page (35).

Altogether 8,746 children were examined, and of this number 2,926 were referred for treatment. The number of parents who refused treatment was 384 or a percentage of 13.1. In the previous year the percentage was 17.5. In 202 cases the parents obtained treatment privately.

A small charge of 6d. for extractions and 1/- for fillings is made to parents whose circumstances are such that they can afford it. The Head Teachers collect the money and so save the clerical work which would otherwise be involved. The amount received during the year was £14 9s. compared with a little over £6 in 1924.

Dental outfits are provided at a cost to each child of sixpence, and during the year 870 have been supplied. This makes a total of 1,764 outfits distributed since the inception of the Scheme in 1923. Small tins of savon dentifrice can be supplied separately at a cost of one penny.

The School Dental Officer reports as follows upon his work.

The Elementary School children have been inspected and treated for 6 years, from the ages of 5—12 years inclusive, the 13 years of age being absorbed in 1926.

The work proceeds very satisfactorily, the parents realizing more and more the value to their children's health if they are attended to by the School Dentist. Little talks are given to parents whenever possible, regarding the reasons for the decay of the teeth, and the prevention thereof, stress being laid on the sensible way to feed the child, and commonsense methods to keep the mouth clean, always pointing out, that "Prevention is better than cure." At first, I had a little difficulty in persuading parents that the Temporary Teeth of the children were worth saving (which is done by very simple methods), for the sake of the permanent ones, but gradually they listened, and now I have the great majority of them accepting my treatment. Noticing from the Dental Cards of children who have been attended by me from 1920, one can see the wonderful changes that take place in the mouth, and those who have been regularly treated stand distinctly apart from the "Refusals," a fact very obvious to any observer.

The general health of the children is very much affected by the conditions of the mouth, and parents are beginning to understand that toothache is a condition that may lead to many a worse thing, and they are anxious to prevent it.

I desire to pay tribute to the wonderful and regular help that has been given to me by all the Head Teachers, who have always been most enthusiastic over my work, and the reason there are so very few refusals is entirely due to their personal influence and hard work.

The Tooth Brush Scheme has been a very great help to my treatment, and noticeable results are due to it in many areas; soon I hope to report that every child has an outfit. My work is being helped on by the distribution of the leaflets to all the children, in many cases accompanied by a real good talk from the Head Teacher.

J. HARRIS, I.D.S.,

School Dental Officer.

CRIPPLING DEFECTS.

The treatment of cripples in the Area of the East Riding Education Authority has only recently made any progress. Two years ago there were only two crippled children in Hospital or Residential Schools. In the following year the number was raised to five, and in the year under review the number was ten. Five of the children were at The Heritage Craft Schools, Chailey, one at the Cripples' Home for Girls, Halliwick; one at the Cheyne Hospital for Crippled Children; and three were at the Hospital at Kirby Moorside.

With the opening of the Hospital at Kirby Moorside last September, there is now no difficulty in obtaining beds for crippled children, and an active policy can be adopted to deal with the children in the County. The establishment of after care centres will naturally follow the discharge of the patients from Hospital.

A circular has been sent to all the Practitioners in the County drawing their attention to the fact that the Hospital is now open, and that suitable children between the ages of 3 and 12 years can be admitted for orthopædic treatment. By this means I hope to secure the early treatment of cases of crippling, instead of as at present, having mainly the late cases, some of whom are practically beyond the reach of marked improvement.

I regret to say that objection on the part of the parents to early removal to Hospital is the main difficulty with which one has to contend.

INFECTIOUS DISEASES.

The Head Teachers send duplicate notifications of all cases of infectious disease to the Education Authority and to the District Medical Officer of Health. General rules governing the exclusion of scholars on account of infectious disease and of contacts thereof, have been sent to the Head Teachers. These Rules are a summary of those of the Board of Education in the Memorandum on Closure of and Exclusion from School issued during 1925.

INFECTIOUS DISEASES.

**NUMBER OF CASES OF INFECTIOUS DISEASE
REPORTED BY HEAD TEACHERS DURING 1925.**

Disease.	Actual Cases.	Children excluded on account of actual cases.
Measles.....	1490	390
Whooping Cough.....	466	65
Mumps	438	8
Chicken Pox.....	321	19
Influenza	69	...
Scarlet Fever	61	56
Diphtheria	32	31
Ringworm... ..	10	...
Skin Disease.....	8	...
Enteric	2	...
Total.....	2897	569

Children under five years of age are excluded whenever a case of Diphtheria, Measles, Scarlet Fever or Whooping Cough occurs amongst children attending a School.

**List of Schools Closed owing to Outbreaks of Infectious
Disease during 1925.**

Disease.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Whooping Cough.....	—	1	1	2	4
Measles	20	6	—	—	26
Mumps	1	—	—	—	1
Influenza	20	1	—	1	22
Scarlet Fever	—	2	—	1	3
Chicken Pox.....	—	—	—	1	1
Diphtheria.....	—	—	1	1	2
Total.....	41	10	2	6	59

65 closures in 1924.
44 „ „ 1923.
67 „ „ 1922.
35 „ „ 1921.
85 „ „ 1920.

30 Schools were closed by the District Medical Officers of Health, and 29 by the School Medical Officer.

The number of closures in the future will be smaller owing to Circular 1337 of the Board of Education on School Closure.

FOLLOWING UP.

The details of the administration in following up the children found to be in need of treatment as the result of Medical Inspection differ in no particular from those in practice in previous years. They have been fully described in previous Annual Reports.

SCHOOL NURSES.

Three whole time Nurses are employed by the Education Authority for the supervision of School children. They also visit all infectious cases of Tuberculosis in the County, including the Boroughs of Beverley and Bridlington. Each Nurse is responsible for, roughly, one-third of the County Area.

The average number of visits paid to the Schools was six in each of the three Divisions.

Number of visits paid to homes:—

Buckrose	1172
Holderness	1197
Howdenshire	1834

Number of examinations of children:—

Buckrose	1843
Holderness	2682
Howdenshire	2610

These figures refer to examinations of children who were in need of attention owing to some defect or condition. Apart from these the Nurses made 63,130 examinations of children who were found to be clean and not in need of treatment for any minor defect. The total number of examinations made by the three Nurses during the past year was, therefore, 70,265.

OPEN-AIR EDUCATION.

Apart from playground classes, which are held when the weather is favourable, and nature study walks, there is no open-air education. Very few of the playgrounds have any roof protection. There is no day or residential open-air School except at the Sanatorium. The new School at Barlby Bridge for Infants and Juniors is convertible by means of sliding partitions on the South side.

PHYSICAL TRAINING.

All children with slight postural defects, detected in the routine of medical inspection, are referred to the Organiser of Physical Training for special attention.

The importance of physical training in connection with Medical Inspection cannot be too strongly emphasized. Physical Training should not be looked on as if it were the same as muscular training, as it, in fact, embraces considerably more. It is designed to assist all the physiological functions of the body as well as to give exercise to all the muscles. The physical and mental functions of the body are closely interdependent, and the harmonious working of the two can only be secured by training which is devoted to the muscular system and special senses as well as to the intellectual powers. The influence of muscular exercise on the general health is very marked. By regular exercise the muscles are kept firm and strong, and as muscular work is the chief source of heat, the body generally appreciates a feeling of warmth, the circulation of the blood is improved, and so the tendency to chilblains and cold feet is lessened. The lungs, too, work more actively during physical education, and thus the respiratory capacity is increased. The tendency to a flat chested condition is averted, and the liability to chest ailments is greatly diminished. One of the characteristics of young children is the desire for change and movement. Physical instruction is an excellent outlet for this energy, and furthermore, it gives rest and diversion from mental work. Children will, therefore, return to their lessons with greater keenness.

Miss Wolstenholme, the Organising Mistress for Physical Training, reports on her work as follows:—

GENERAL.

The work maintains a very fair standard, especially when conditions are considered. A pleasing feature is the added interest which is being taken in better positions and more suitable clothing. By a "better position" one means an improved habitual carriage of the body. This is, of course, the real aim of the Physical Training lesson, viz.:—to educate the muscles and organs of the body to do their work efficiently, thus eliminating many of the minor causes of ill-health.

It is interesting to note that many Schools are adopting the regulation drill tunic as the usual school dress. This step has been given great impetus by the interest taken in School sports and games, and it is certainly a step in the right direction in the interests of hygiene.

Desks without back-rests or support of any kind are not only undesirable, but definitely harmful, and it is with great relief that one sees them being replaced as rapidly as possible by a better type.

Any improvements in correcting round shoulders and flat chests made by the children in their Physical Training lesson are very rapidly undone after two hours' continuous sitting in desks without any support for the back.

CLASSES FOR TEACHERS.

A Course was conducted at Easter at Bridlington, when about 70 Teachers attended. The Course was inspected by Miss Palmer, H.M.I., who expressed herself well satisfied with the Time-Table and all other arrangements.

GAMES.

Leagues of various kinds are in existence throughout the County. Football and Cricket flourish well in all districts, and the idea of Netball Leagues for girls is beginning to take hold. Matches have been played in a desultory kind of way between one School and another, but the first definite League has been formed in South Howdenshire. I must again say how grateful I am to the Teachers who so public spiritedly give up so much time in organising and umpiring for School matches.

In a rural area very detailed organisation of games leagues will never be possible in the same way as it is in the towns, although it is very desirable that as much help as possible should be given to the fostering of Leagues, as the team work involved in training for matches must of necessity, quite apart from the physical effects, be a great help in contributing to the education of the child as a member of society.

SPORTS.

Sports Leagues continue to flourish. The County Trophy was again carried off by South Howdenshire, but with a much narrower margin than before. This is all to the good, as such an overwhelming number of points as gained in 1924 by the winning district, might tend to be somewhat depressing to aspirants for County Honours.

This year we were extremely fortunate in having fine days for all our Sports Meetings.

They were held at the following Centres:—Eastrington, Hedon, Driffield, Rillington, Shiptonthorpe and Beverley.

Owing to the difficulty in attracting a "gate" at Beverley, and thereby making a financial success of the County Sports, it has been decided to hold them this year in Driffield, and probably move them round the County to other suitable centres in subsequent years.

It is hoped in 1926 to reinstate High Jumping as an event for girls. During the last two years great strides have been made in regard to suitable clothing for girls, and the various District Committees feel that this event need no longer be banned on this consideration, as was the case previously.

Every effort will in future be made by the organisers to see that only competitors in suitable clothing take part in this event, and special attention will be given to their physical condition.

FOLK DANCING.

This extremely pleasant form of exercise is gradually gaining ground, not only in the Schools, but also among the adults of the Village Institutes.

In the Hull and York Competitions, the East Riding was well represented and again acquitted itself with great credit.

H. P. WOLSTENHOLME.

PROVISION OF MEALS.

As the Education Authority have not considered it necessary to make a general arrangement under Sec. 82 of the Education Act, 1921, the provision of meals has continued on a voluntary basis. In most of the country Schools, long-distance children who stay for dinner are able to warm their food and to obtain a hot drink of milk or cocoa. It is, however, interesting to note, that at two Schools, where there are a great number of scholars who live a long way from the School, the Head Teachers run Dinner Schemes during the winter months. The Education Authority provide assistance for cooking, but beyond that the schemes are entirely self-supporting. Both Schools are able to grow their own vegetables in the School gardens, and the only cost to be recovered from the children who partake of meals is in respect of other food purchased. The Head Teacher of the Barlby Council School informs me that during the year the cost per child per meal works out at 2.1d. It speaks well for the efficient management of the scheme that for this low cost they are able to give considerable variety, as will be seen from the following specimen dishes:—Soups, hot-pot, shepherd's pie, meat and potato pie, rissoles and potatoes, sausages and potatoes, beef, potato and cabbage, rice pudding, quaker oats, treacle roll, jam roll, currant roll and custard, fruit and custard. The senior girls assist in laying the table and the teachers supervise and partake of the meals. In the other School, Gilberdike Council, the Head Teacher gives the cost per meal per child at 1.7d. He has let me have a specimen menu for a week. It is as follows:—Monday, soup and currant pudding; Tuesday, soup and apple pies; Wednesday, soup, dumpling and treacle; Thursday, soup, raisin pudding; Friday, meat pies and rice pudding.

It will be observed from these particulars that the children at both Schools have an opportunity of having a plain but sustaining mid-day meal at a very small cost.

The children greatly appreciate the facilities provided, as do the parents. Great credit is due to the teachers of both Schools for the work they do in planning and serving the meals, a service which they willingly render for the sake of the children.

CO-OPERATION OF PARENTS.

The parents of children to be examined are all notified of the visit of the Medical Inspector, and they are told the approximate time at which their child will be examined. At the inspections, 4,404 parents attended. This gives a percentage of 56.09 as compared with 45.1 in the previous year.

Even if a parent is present and a defect is brought to notice at the time, it is nevertheless customary to state the need for treatment in writing. The method seems to carry weight and serves as a record for efficient following up.

CO-OPERATION OF TEACHERS.

The Head Teachers prepare the cards and notify the parents of children to be examined. A list of the children and the defects from which they are found to be suffering is sent to the Head Teachers with a request that at the expiration of a month the list may be returned to the Office stating in which cases treatment has been obtained. The co-operation of the Head Teachers in the work of medical inspection is most cordial and valuable, for their influence with the parents goes far in preventing refusals both of examination and treatment.

CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICERS.

The Services of the Attendance Officers are now very definitely linked up with the work of School Medical Inspection. They personally interview the parents of the children for whom nothing has been done, and state, in writing, the reasons given by the parents for refusal of treatment. They also enquire into the financial circumstances of the parents, with a view to assistance by the Education Authority, where poverty is pleaded as the reason for neglect to obtain treatment.

CO-OPERATION OF VOLUNTARY BODIES.

Close co-operation is maintained with the National Society for Prevention of Cruelty to Children in dealing with cases of neglect and uncleanness, and the Education Authority now makes an annual grant of £10 to the Society.

School Nurses and School Attendance Officers deal successfully with the majority of these cases, but some of the worst are handed over to the N.S.P.C.C., whose Inspectors, aided no doubt by their uniform, seem able to remedy or improve many cases without resorting to proceedings.

Fourteen families were reported during the year, and proceedings had to be taken in two cases. In one of these the parents elected to be tried by Jury, and they were sentenced to one day's imprisonment and ordered to pay 12/- per week towards the maintenance of their four children in Dr. Barnardo's Homes. In the other case, judgment was respited for three months, in order to give the parents a chance to reform.

Regarding other Voluntary Bodies, the City of York and District Deaf and Dumb Society assisted a girl, who had just left a Special School, to obtain a situation.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The children included under the above head come to the notice of the Authority by one or more of the following channels:—

- (a) Routine Medical Inspection.
- (b) Reported by Head Teachers.
- (c) Reported by School Nurses.
- (d) Reported by School Attendance Officers.
- (e) Other informants.

The individual children are specially examined and a report made to the next meeting of the School Attendance Sub-Committee. As may well be expected in a rural district a number of defective children (whose presence is not detrimental to the other children) are permitted to continue to attend School. Of the rest a proportion ^{is} ~~are~~ sent to Special Schools, but those, for whom no vacancy can be obtained, or whose parents

object to the child leaving home, are excluded from School. All mentally defective children who are not in a Special School are now under the supervision of the School Nurses.

Forty-five children were specially reported to the Committee during the year. Two were blind, two deaf and dumb, 27 mentally defective or epileptic, and 14 physically defective.

Vacancies in Special Schools were secured during the year for the following defectives:—

Epileptics	1
Deaf and Dumb	5
Cripples	7

Ten children were reported to the Mental Deficiency Act Committee under Section 2 (2) of the Mental Deficiency Act, 1913. (See Table III.)

The total number of children now maintained by the Education Authority is 43, tabulated as follows:—

Mental Defectives	5
Epileptic Children	5
Deaf and Dumb Children	15
Crippled Children	10
Blind Children	8

The Higher Education Committee maintain nine children, as follows:—

Blind Children	8
Crippled Children	1

SECONDARY SCHOOLS.

The work of Medical Inspection in the Secondary Schools is carried out on exactly the same lines as the work in the Elementary Schools. Tables on pages 36 and 37 shew the results of the work during the year under review.

There are five Secondary Schools in the Area; three Schools for boys and two for girls. Medical examination has, so far, only been carried out in three of these Schools. By an arrangement with the North Riding Education Authority, the girls attending the Malton Grammar School are examined by Dr. Moffat.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS,

The employment of children and young persons in the Area is mainly for the delivery of newspapers, for farm and agricultural work, and for running errands. At certain seasons of the year a larger number of certificates for farm and agricultural work are required, *i.e.*, pea picking and potato picking.

529 certificates were issued, an increase of 112 on the previous year. Three applications were refused as they did not comply with the requirements of the Bye-laws as to age, time, etc., and one was refused on Medical grounds. Certificates are granted if the medical inspection record card is satisfactory, and if the application is supported by both the Head Teacher and the School Attendance Officer.

Children in possession of employment certificates are re-examined at the next routine Medical Inspection. One report was received during the year to the effect that the part-time employment was prejudicial to the child's health, and the certificate was withdrawn.

ENLARGED THYROID.

The following is a report by Dr. Helen Moffat:—

Much attention has been drawn lately to the occurrence of Enlarged Thyroid (Endemic Thyroid) among School children.

It usually causes no discomfort or pressure symptoms, but gives rise very often to symptoms of hypothyroidism.

In the East Riding of Yorkshire statistics were collected during 1924 (1st April to 31st December).

The following Tables show the number of children with Enlarged Thyroids in each age group, 3 years to 13 years:—

3 YEARS.					4 YEARS.			
	No. Examined.	Very Slightly Enlarged.	Slightly Enlarged.	Much Enlarged	No. Examined.	Very Slightly Enlarged.	Slightly Enlarged.	Much Enlarged.
Boys..	47	...	...	...	185	...	1	...
Girls .	50	...	1	...	143	1	5	...
Total.	97	...	1	...	328	1	6	...
5 YEARS.					6 YEARS.			
Boys..	442	1	9	...	135	...	...	1
Girls .	471	1	10	1	106	1	2	2
Total.	913	2	19	1	241	1	2	3
7 YEARS.					8 YEARS.			
Boys..	59	...	1	...	867	2	26	5
Girls .	70	...	6	1	761	...	52	8
Total.	129	...	7	1	1631	2	78	13
9 YEARS.					10 YEARS.			
Boys..	49	...	...	...	28	...	...	...
Girls .	55	1	6	2	38	1	4	3
Total.	104	1	6	2	66	1	4	3
11 YEARS.					12 YEARS.			
Boys..	33	...	2	...	1008	5	59	14
Girls .	50	...	7	4	1000	7	102	64
Total.	83	...	9	4	2008	12	161	78
13 YEARS.								
Boys..	309	1	18	4				
Girls .	298	3	42	32				
Total.	607	4	60	36				

Total number examined 6207
 Number affected 518
 Percentage 8.3

These numbers are taken from the Elementary Schools.

It will thus be seen from the Tables that the age group 12 has the largest number, and that girls are more affected than boys. Girls are most affected about puberty and during adolescence.

The figures for the Secondary Schools—girls only—are as follows :—Ages examined 6 years to 17 years.

Number examined	241
Number showing Enlarged Thyroid	21
Percentage	8.7

The largest number of goitres were found at age 17.

Other conditions associated with Enlarged Thyroid :—

1. *Enlarged Tonsils and Adenoids.* 137 were found. Percentage, 1.7.

It is interesting to note what Dr. Leonard Williams has to say on this subject. He contends that Enlarged Tonsils and Adenoids may be evidence of Thyroid insufficiency. He states that Adenoids and Enlarged Tonsils occur in children who have an inadequate supply of Thyroid secretion. The hyperplastic condition is apparently the result of an endeavour on the part of the organism to supply an internal secretion, as nearly allied as possible to the one which is lacking. If the hypertrophy is not very pronounced, and if it has not been very long in existence, then the use of Thyroid extract will cause their retrogression. American authorities state that there is experimental evidence which suggests that the lymphoid tissue of the throat and naso-pharynx yield to the blood a hormone, and that if the Tonsils do so their removal should not be lightly undertaken.

2. *Subnormal nutrition.* Associated with this is Anæmia, sallow skin, chilblains or blueness of hands. 42 showed Subnormal nutrition and 13 suffered from Anæmia.

3. *Mental Condition.* Some authorities look upon mental deficiency and backwardness as signs of hypothyroidism. McCarrison recommends that the family history of such children should be enquired into, especially with reference to Enlarged Thyroid in the mother. Five children were definitely mentally defective and six were backward.

Enlarged Thyroid appears to be definitely hereditary. Family histories were obtained in 169 cases in the Elementary Schools and in 5 in the Secondary Schools, giving a percentage of 32 and 24 respectively of the numbers affected.

A number of the mothers who were questioned did not know that they themselves had an Enlarged Thyroid until it was pointed out to them. Some stated they did not have it all their lives, but that it came on after the birth of the 1st, 2nd, or subsequent child. It was also noted that the daughters of mothers with decidedly large thyroids tended also to have large thyroids themselves.

From the accompanying tables of the family histories it will be seen that the mothers and sisters are most affected, and that it is more evident on the mother's side of the family than it is on the father's.

Table giving the family histories of 174 children suffering from Enlarged Thyroid.

	Father	Mother	Brother	Sister	Aunt	Great Aunt	Cousin	Grand mother	Grand father	Uncle	
1	..	X	..	X	..	..	..	..	..	..	..
2	X	..	..	..	..	..	..	..
3	..	X	..	X	..	..	..	..	..	..	..
4	..	X	..	..	..	..	..	X	..	..	..
5	X	..	..	..	..	..	..
6
7	X	X	..	..	X fs	..	..	X fs	..	..	Father's T. removed.
8	..	X	..	..	..	..	..	..	..	..	..
9	..	X	..	..	..	..	..	..	..	..	..
10	X	..	..	..	..	..	G.F., Operation for Removal of Enl. Thy.
11	2	..	..	..	..	..	..
12	X	..	..	..	..	..	..	..
13	X	..	..	..	..	..	..	..
14	X	2	..	..	..	..	..	..
15
16	X	..	..	..	..	..	..	..
17
18	..	X	..	..	..	..	X	..	..	..	..
19	..	X	..	..	X ms	..	..	..	..	..	..
20	..	X	..	..	..	..	..	..	..	..	..
21	X	..	..	..	..	..	..	..
22	..	X	X	..	..	..	..	..	..	..	..
23	X	..	..	..	..	..	..	..	..
24	..	X	..	..	..	..	..	..	..	..	..
25
26	..	X	..	..	..	..	..	..	..	..	..
27	X	..	..	..	..	..	..	..
28	..	X	..	..	X ms	..	..	X fs	..	..	..
29	..	X	..	..	..	..	..	..	..	..	..
30	X	..	..	..	..	..	..	..	..
31	X	..	..	..	..	..	..	..
32	X	..	..	..	..	..	..
33	..	X	..	..	..	..	..	..	..	..	..
34	2	..	..	..	..	..	..	1 treated X Rays. 1 Iodine Treatment (improved).
35	X	..	..	..	..
36	..	X	..	..	..	..	..	..	..	..	..
37	X	2	..	..	..	..	X	..
38	..	X	..	..	..	..	..	..	..	..	..
39	..	X	..	..	..	..	..	..	..	..	..
40	X	..	..	..	..	..	..	..
41	..	X	X	..	..	..	X	..	..	..	..
42	X	..	..	..
43	X	..	..	X	..	..	..	..
44	X fs	..	..	..	..	..	..
45	X	X ms	..	..	..	..	..	..
46	..	X	..	X	..	..	X	..	..	..	..
47	X	..	..	X	..	..	..	..
48	..	X	..	..	..	..	..	..	..	..	..
49	..	X	..	..	..	..	..	..	..	..	..
50	X	..	..	..	..	..	..	..	..
51	X	..	..	..	..	..	..	..
52	X	..	..	..	..	..	..	..
53	X	..	..	..	..	..	..	..	..
54
55	..	X	..	..	..	..	..	..	..	..	..
56
57	X	..	..	..	..	..	..	..
58	..	X	..	X	..	..	..	..	..	..	..
59	..	X	..	2	..	..	..	..	..	..	..
60	..	X	..	..	..	..	..	..	..	..	..
61	2	..	..	..	..	..	..	..	..
62	X	..	..	X	..	..	..	X ms	..	X fs	Large Goitre.
63	X	2	..	..	..	..	..	..	..
64	3 fs	..	..	..	..	..	..
65	3 fs	..	..	..	..	..	..
66
67
68	..	X	..	..	..	..	..	..	X ms	..	..
69	..	X	..	..	..	..	..	..	..	..	..
70	..	X	2	..	..	..	..	..	..	..	..
71	X	..	..	..	..	..	..	..
72	X	..	..	X	..	..	..	..	..	..	..
73	2	X	..	..	..	..	..	..
74	..	X	..	..	..	..	..	..	..	..	..
75	..	X	..	..	..	..	..	..	..	..	..
76	..	X	X	X	..	..	..	..	..	..	..
77	X	..	..	..	..	..	..	..	..
78	X	..	..	..	..	..	..	..	..
79	..	X	X	..	..	..	..	..	..	..	..
80	..	X	..	..	..	..	..	..	..	..	..
81	..	X	..	2	..	..	..	..	..	..	Very large. Very large.
82	X ms	..	..	..
83	X	..	..	..	..	..	..	..
84	X	..	..	..	..	..	..	..
85
86	X	..	..	..	..	..	..	X ms	..
87
88	X	..	..	..	..	..	..	..
89	2	..	..	..	..	..	..	..	..
90

Table giving the family histories of 174 children suffering from Enlarged Thyroid.

	Father	Mother	Brother	Sister	Aunt	Great Aunt	Cousin	Grand mother	Grand father	Uncle	
1	...	X	...	X	...	...	...	...	...	...	...
2	X	...	...	...	...	...	...	...
3	...	X	...	X	...	...	...	X	...	...	...
4	...	X	...	...	...	...	...	...	...	...	...
5	x fs	...	...	...
6
7	X	X	...	...	...	...	...	...	...	...	Father's T. removed.
8	...	X	...	...	...	...	...	...	...	...	...
9	...	X	...	...	...	...	...	...	...	...	...
10	X	...	...	...	...	...	G-F., Operation for Removal of Enl. Thy.
11	X	2	...	...	...	...	...	...
12	X	...	...	...	...	...	...	...
13	X	...	...	...	...	...	...	...
14	2	...	...	...	...	...	...
15	X	...	...	...	...	...	...	...
16
17	...	X	...	...	...	...	X	...	...	...	...
18
19	...	X	...	...	x ms	...	...	...	...	...	...
20
21	X	...	...	...	...	...	...	...
22	...	X	...	...	...	...	...	...	...	...	...
23	X	...	...	...	...	...	...	...	...
24	...	X	...	...	...	...	...	...	...	...	...
25	X	...	...	...	...	...	...
26	...	X	...	...	...	...	...	...	...	...	...
27	X	...	...	...	x ms	...	...	...
28	...	X	...	...	...	...	...	...	...	...	...
29
30	X	...	...	...	...	x fs	...	...	...
31	X	...	...	...	...	...	...	...
32
33	...	X	...	...	...	...	...	...	...	...	...
34	2	...	...	...	...	...	...	I treated X Rays. 1 Iodine Treatment (improved).

35	...	...	...	...	...	...	X	...	...	...	...
36	...	X	...	...	...	...	...	...	...	...	...
37	...	...	...	X	...	...	...	...	...	...	...
38	...	X	...	...	2	...	...	...	...	X	...
39	...	...	...	...	...	...	...	...	...	...	...
40	...	X	...	...	...	...	...	...	...	...	...
41	...	X	X	...	...	...	X	...	...	...	...
42	...	...	...	...	...	...	...	...	...	...	...
43	...	X	...	X	...	...	X	...	...	...	...
44	...	...	...	...	...	...	...	...	...	...	...
45	...	...	...	...	x fs	...	...	...	...	...	...
46	...	X	...	X	x ms	...	X	...	...	...	...
47	...	...	...	...	...	...	...	...	...	...	...
48	...	X	...	...	...	...	X	...	...	...	...
49	...	...	...	...	...	...	...	...	...	...	...
50	...	...	X	...	...	...	...	...	...	...	...
51	...	...	...	X	...	...	...	...	...	...	...
52	...	...	...	X	...	...	...	...	...	...	...
53	...	...	X	...	...	...	...	...	...	...	...
54	...	...	...	...	...	...	...	...	...	...	...
55	...	X	...	...	...	...	...	...	...	...	...
56	...	...	...	...	...	...	...	...	...	...	...
57	...	...	...	X	...	...	...	...	...	...	...
58	...	X	...	X	2	...	...	...	...	...	...
59	...	...	...	...	...	...	...	...	...	...	...
60	...	X	...	...	...	...	...	...	...	...	...
61	...	X	2	...	...	...	...	...	...	...	...
62	...	...	...	X	...	...	...	...	...	...	...
63	X	...	X	2	...	...	...	x ms	...	x fs	...
64	...	...	...	...	...	...	...	...	...	...	...
65	...	...	...	...	3 fs	...	...	...	...	...	...
66	...	...	...	...	3 fs	...	...	...	...	...	...
67	...	X	...	...	...	...	...	...	...	...	...
68	...	X	...	...	...	...	...	...	x ms	...	...
69	...	X	2	...	...	...	...	...	...	...	...
70	...	...	...	X	...	...	...	...	...	...	...
71	...	...	...	X	...	...	...	...	...	...	...
72	X	...	...	X	...	...	...	...	...	...	...
73	...	X	...	2	...	...	...	...	...	...	...
74	...	X	...	...	...	...	...	...	...	...	...
75	...	X	...	X	...	...	...	...	...	...	...
76	...	X	X	...	...	...	...	...	...	...	...
77	...	...	...	...	...	...	...	...	...	...	...
78	...	...	X	...	...	...	...	...	...	...	...
79	...	X	X	...	...	...	...	...	...	...	...
80	...	X	...	...	...	...	...	...	...	...	...
81	...	X	...	2	...	...	...	...	...	...	...
82	...	...	...	...	...	...	...	...	...	...	...
83	...	...	X	X	...	...	...	x ms	...	...	...
84	...	...	...	...	...	...	...	...	...	...	...
85	...	...	...	2	...	...	...	...	...	...	...
86	...	...	X	...	...	...	...	...	...	...	...
87	X	...	...	...	...	...	...	...	...	x ms	...
88	...	...	...	X	...	...	...	...	...	...	...
89	...	...	...	...	...	...	...	...	...	...	...
90	...	...	2	...	...	...	...	...	...	...	...

Very large.
Very large.

Large Goitre.

CAUSATION.

Enlarged Thyroid has been attributed to certain causes but no definite one has been determined upon.

1. *Polluted Water.* Impure water has been found to cause goitre.

The water supply in many places in the East Riding leaves much to be desired, but in the cases investigated, hard water and rain water were indiscriminately used, *e.g.*, Huggate, where rain water (probably unfiltered) is used, showed a large number of cases, and also Beswick, where hard water is used.

Boiling the water is probably the best preventative, as it kills the supposed microbic cause.

2. *Food, deficient in iodine.* Therefore a mixed diet is recommended with plenty of vegetables and fruit.

3. *Toxæmia from bowel and teeth.* Since the appointment of a School Dentist the condition of the teeth has improved, but much remains to be done by the children themselves in cleaning their teeth.

4. *Periods of stress and strain.* At puberty more girls are affected than boys.

The Enlarged Thyroid is often accompanied by functional nervous symptoms.

RECOMMENDATIONS.

Hygiene lessons in School to all classes.

Better water supplies.

Lectures to mothers at the Infant Welfare Centres where talks on such subjects are appreciated.

TREATMENT.

In the East Riding, treatment ^hwere recommended is carried out by the patients' own doctor.

Treatment by the School Medical Service could only be carried out under supervision. Thyroid extract must be given under supervision and cases of overdose watched for.

Iodine in various forms is curative, but if given in excessive dosage may cause Hyperthyroidism.

Cod Liver Oil is also specific, and can be taken without supervision.

CONCLUSION.

That Enlarged Thyroids are hereditary whatever the cause; that probably the personal equation has to be taken into consideration, and that all subjected to the same conditions do not develop Enlarged Thyroids. Much work remains to be done in investigating the cause.

HELEN MOFFAT, M.B.

As in former years I have added some statistics relative to the work, and in concluding the Report, wish to express my thanks to the Medical and Clerical Staff, the School Nurses, and the School Attendance officers for their loyal help during the year, and to the Head Teachers for their cordial co-operation.

R. L. THORNLEY,

School Medical Officer.

MISCELLANEOUS INFORMATION.

Area of County	741,172 acres.
*Population, 1921 Census	137,467
Number of Schools or Departments	211
Average number of Scholars on the Roll	19,960.4
Average Attendance of Children	17,533
Average number of Children under five years of age on the Roll	1038.4
Number of School Attendance Officers	9
Number of School Nurses	3
Number of children not vaccinated	3016
Percentage children not vaccinated	38.4
**Gross expenditure on account of Medical Inspection	£4,120
**Gross expenditure per head	4s. 1.54d.

*The Boroughs of Beverley and Bridlington are not included.

**The Grant from the Board of Education has not, of course,
been deducted.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION

Number of Code Group Inspections.	Boys.	Girls.
Entrants	1812	1720
Intermediates	846	780
Leavers	1124	1113
	—	—
Total	3782	3613
	—	—
Number of other Routine Inspections	180	172

B.—OTHER INSPECTIONS.

Number of Special Inspections	128	159
Number of Re-Inspections	919	897
Total	1047	1056
Grand Total		9850

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1925.**

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition ... ..	...	...	...	...
Uncleanliness : (See Table IV., Group V.)	...	...	...	...
SKIN.				
Ringworm :				
Scalp	20	...	...	...
Body	3	...	...	...
Scabies	12	...	...	...
Impetigo	8	...	...	...
Other Disease (non-Tubercular)	6	1	1	...
EYE.				
Blepharitis	17	...	...	1
Conjunctivitis	1	...	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision	219	116	6	51
Squint	54	5	2	34
Other Conditions	5	...	1	...
EAR.				
Defective Hearing... ..	31	24	...	17
Otitis Media	18	1	3	8
Other Ear Diseases ... ..	...	...	...	...
NOSE AND THROAT.				
Enlarged Tonsils	44	35	...	28
Adenoids	45	33	1	38
Enlarged Tonsils and Adenoids...	484	167	3	255
Other Conditions	21	8	1	7
Enlarged Cervical Glands (Non-Tubercular)	15	...	...	11
Defective Speech ... ..	...	...	...	...
Teeth--Dental Diseases	1	...	...	...
(See Table IV., Group IV.)				
HEART AND CIRCULATION.				
Heart Disease :				
Organic }	12	30	1	7
Functional }				
Anæmia	7	...	1	1
LUNGS.				
Bronchitis	9	20	2	16
Other Non-Tubercular Diseases.	...	...	...	...

TABLE II. A.—(Continued).

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
TUBERCULOSIS.				
Pulmonary :				
Definite ... ... ...	...	...	...	...
Suspected 	8	24	2	12
Non-Pulmonary :				
Glands ... ... ...	...	...	...	3
Spine ... ... ...	...	...	...	...
Hip ... ... ...	...	...	...	...
Other Bones and Joints	...	...	1	...
Skin ... ... ...	...	...	...	...
Other Forms ... ...	...	...	...	...
NERVOUS SYSTEM.				
Epilepsy ... ... ...	...	3	...	3
Chorea ... ... ...	...	1	...	...
Other Conditions	...	...	...	...
DEFORMITIES.				
Rickets ... ... ...	...	...	...	...
Spinal Curvature	1	3	...	1
Other Forms 	1	2	...	2
Other Defects and Diseases	16	13	3	17

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS.			
Entrants 	3532	353	9·9
Intermediates 	1626	174	10·7
Leavers 	2237	228	10·1
Total 	7395	755	10·2
Other Routine Inspections 	352	54	15·3

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

	Boys.	Girls.	Total.
BLIND (including partially blind).			
(i.) Suitable for training in a School or Class for the totally blind.			
Attending Certified Schools or Classes for the Blind	5	3	8
Attending Public Elementary Schools ... ..	...	...	...
At other Institutions ... ..	...	...	...
At no School or Institution	1	1	2
(ii.) Suitable for training in a School or Class for the partially blind.			
Attending Certified Schools or Classes for the Blind ... ..	...	...	...
Attending Public Elementary Schools	6	4	10
At other Institutions ... ..	...	...	...
At no School or Institution	3	1	4
DEAF (including deaf and dumb and partially deaf).			
(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.			
Attending Certified Schools or Classes for the Deaf	9	7	16
Attending Public Elementary Schools	1	...	1
At other Institutions ... ..	...	...	...
At no School or Institution	1	2	3
(ii.) Suitable for training in a School or Class for the partially deaf.			
Attending Certified Schools or Classes for the Deaf ... ..	...	...	...
Attending Public Elementary Schools	4	4	8
At other Institutions ... ..	...	...	...
At no School or Institution	2	...	2
MENTALLY DEFECTIVE.			
Feeble-minded (cases not notifiable to the Local Control Authority).			
Attending Certified Schools for Mentally Defective Children	2	3	5
Attending Public Elementary Schools	58	30	88
At other Institutions	3	3	6
At no School or Institution	13	18	37
Notified to the Local Control Authority during the year.			
Feeble-minded ... ..	...	...	...
Imbeciles	3	3	6
Idiots	1	3	4

TABLE III.—(CONTINUED).

	Boys.	Girls.	Total.
EPILEPTICS.			
Suffering from severe epilepsy.			
Attending Certified Special Schools for Epileptics	1	5	6
In Institutions other than Certified Special Schools ... ..	...	...	...
Attending Public Elementary Schools ... ..	...	...	...
At no School or Institution	2	6	8
Suffering from epilepsy which is not severe.			
Attending Public Elementary Schools	14	9	23
At no School or Institution	1	...	1
PHYSICALLY DEFECTIVE.			
Infectious pulmonary and glandular tuberculosis.			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	23	23	46
At other Institutions	2	...	2
At no School or Institution	14	9	23
Non-infectious but active pulmonary and glandular tuberculosis.			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	...	...	...
At Certified Residential Open Air Schools ... ..	...	...	...
At Certified Day Open Air Schools ... ..	...	...	...
At Public Elementary Schools	39	43	82
At other Institutions ... ..	...	...	...
At no School or Institution ... ..	...	...	...
Delicate children (e.g, pre or latent tuberculosis, malnutrition, debility, anæmia, etc.).			
At Certified Residential Open Air Schools ... ..	...	...	...
At Certified Day Open Air Schools ... ..	...	...	...
At Public Elementary Schools	28	34	62
At other Institutions ... ..	...	...	...
At no School or Institution ... ..	...	14	14
Active non-pulmonary tuberculosis.			
At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	...	...	...
At Public Elementary Schools	7	3	10
At other Institutions ... ..	...	...	...
At no School or Institution	3	3	6
Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.			
At Certified Hospital Schools	2	3	5
At Certified Residential Cripple Schools	5	1	6
At Certified Day Cripple Schools ... ..	...	...	...
At Public Elementary Schools	39	23	62
At other Institutions	1	...	1
At no School or Institution	17	8	25

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1925.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
SKIN.			
Ringworm—Scalp	164	86	250
Ringworm—Body	25	45	70
Scabies	21	17	38
Impetigo	183	104	287
Other Skin Disease	18	60	78
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	96	56	152
MINOR EAR DEFECTS	47	60	107
MISCELLANEOUS (e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	6	70	76
Total	560	498	1058

Table IV.—Continued.

GROUP II. —DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private Practitioner or Hospital, apart from the Authority's Scheme	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	*117	22	45	184
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	All other	Eye defects are referred to the School Nurses		
Total	117	22	45	184

*Included in this figure are 14 cases examined in the previous year.

Total number of children for whom spectacles were prescribed.

(a) Under the Authority's Scheme 82
 (b) Otherwise 16

Total number of children who obtained or received spectacles.

(a) Under the Authority's Scheme 82
 (b) Otherwise 16

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
*109	30	139	65	204

*Included in this figure are 15 cases examined during 1924.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per School made during the year by the School Nurses 6
 (ii.) Total number of examinations of children in the Schools by School Nurses 70265
 (iii.) Number of individual children found unclean 2170
 (iv.) Number of children cleansed under arrangements made by the Local Education Authority Nil.
 (v.) Number of cases in which legal proceedings were taken :—
 (a) Under the Education Act, 1921 Nil.
 (b) Under the School Attendance Bye-laws 4

GROUP IV.—DENTAL DEFECTS.

1. Number of Children who were :—

(a) Inspected by the Dentist :

	Aged		
Routine Age Groups.	{ 5	1027	} Total 8191
	{ 6	966	
	{ 7	937	
	{ 8	1086	
	{ 9	1189	
	{ 10	1260	
	{ 11	1223	
	{ 12	503	
Specials.....		555	
Grand Total.....			8746

b) Found to require treatment 2926

(c) Actually treated (including Special
Treatments) 2637(d) Retreated during the year as a result of
periodical examination —2. Half-days devoted to { Inspection...168 } 438
 { Treatment. 270 }

3. Attendances made by children for treatment 2637

4. Fillings { Permanent teeth.. 980 } Total 1073
 { Temporary teeth... 93 }5. Extractions ... { Permanent teeth... 122 } Total 1809
 { Temporary teeth...1687 }6. Administrations of general anæsthetics for
extractions Nil7. Other operations { Permanent teeth } Total 2051
 { Temporary teeth }

TABLE V.

**SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE
ROUTINE INSPECTIONS DURING THE YEAR 1925.**

SECONDARY SCHOOLS.

(1) The total number of children medically inspected at the routine inspections.....	464
(2) The number of children in (1) suffering from—	
Malnutrition.....	50
Skin Disease	15
Defective Vision (including Squint)	77
Eye Disease	1
Defective Hearing	6
Ear Disease	3
Tonsils and Adenoids.....	23
Nose and Throat Disease	1
Enlarged Cervical Glands (non-tubercular)	1
Defective Speech.....	—
Dental Disease, one or more decayed	260
Heart Disease—	
Organic }	
Functional }	2
Anæmia	1
Lung Disease (non-tubercular)	—
Tuberculosis—	
Pulmonary { definite	—
suspected	—
Non-pulmonary.....	2
Disease of the Nervous System	—
Deformities	14
Other defects and diseases	7
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation, but not referred for treatment.....	—
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	33
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.).....	18

**DETAILS OF MEDICAL INSPECTION AT SECONDARY SCHOOLS
DURING THE YEAR, 1925.**

No. of Children Examined.		Treatment.				
		Referred for Treat- ment.	Obtained	Promised	Nothing Done.	Left School.
Boys	174	5	4	—	1	—
Girls ...	290	29	15	8	6	—
Total ...	464	34	19	8	7	—

DETAILS OF DEFECTS BROUGHT TO THE NOTICE OF PARENTS.

Disease or defect.	No. of Cases.	Treat- ment obtained.	Treat- ment Promised	Nothing Done.	Left School.
Vision	15	11	2	2	—
Tonsils & Adenoids	7	3	—	4	—
Ear Discharge.....	3	1	2	—	—
Deafness	6	3	3	—	—
Teeth	5	3	2	—	—
Skin Disease	—	—	—	—	—
Other defects	3	2	—	1	—
Total	39	23	9	7	—

